

Water Service Connection Form

P.O. Box 340595, Austin, Tx 78734· Tel. 512-276-2875 · www.swtcgcd.org

Submit this form and its associated fee to register a new water service connection to a groundwater-based public water provider, as described in District Rule 3.8. Submittal of this form and applicable fees per the District Fee Schedule, followed by subsequent review by the District and issuance of a certificate of confirmation, are required before the permittee activates the new service. You may mail the completed form to the PO Box above, or scan the form and email it to staff@swtcgcd.org; the fee must be mailed to the PO Box.

Purpose of Fo	orm and Associated S	ervice Conne	ction Fee (ched	ck one):	
	New Longer-term End-u	ser, per Rule 3.8	B(B)) - \$1000		
☐ New Shorter-term End User, per Rule 3.8(B) - \$1000 ☐ New RV Slip - \$200					
					Section I. Owner Information
Well Owner /Applicant/Permit H	older [.]				
Company Name(s) Providing Wat					
Email:					
Mailing Address:		Citv:	Zip:	County:	
Mailing Address: Primary Phone:	Secondary Phone:	,			
Fax # (if available):			_		
Section II. New Connection Info		(Please provid	e 911 Address whe	ere applicable)	
City: (Please prov	ide 911 Address where ann	(Freuse provid dicable)	e 3117 (dd/ e33 Wille	ine applicable)	
Zip:	ide 3117 idaress where app	ned 51c)			
Water Service Supplied By (e.g., v	water billing entity):				
Section III. Applicant or Authori	zod Agont* Sworn Stato	ment			
hereby make application to the So			arvation District for	the nurnose indicated	
above for the service connection de	•				
Agent. I further understand and agr	•				
	71 0/1 0 /		, 0		
		ted Name		———————— Date	
(*Notarized Authorization Form Requ	_				
•	, , ,				
	For District Per	rsonnel Use Only			
Submitted//_ Staff Initials	Connection Fee Receive	Connection Fee Received: Amount \$ Check #:			
Submitted//_ Staff Initials	Application Form	1			
Connection ID #:	Certificate of Confirmat	ion Sent//	taff Initials		